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during the period of convalescence the patient was strongly prone to localize events in time according to their vividness in her memory, indicating weakness of associative processes. The high degree of apathy shown by the patient in the lower stages of her mental obnubilation seems to have been due in part to the general exhaustion which weakened memory also, and also in part to the loss of the stimulus that a regular supply of memory images furnishes. This patient had so much better memory for auditory than for visual images in youth that the period of their return was separated by a marked interval. Loss of memory is so commonly associated with unrecoverable cases, or the restoration of memory, if it occurs, is too sudden to afford opportunity to study its stages, so that altogether this must be called a noteworthy case.

Illustrations of Unconscious Memory in Disease, including a Theory of Alternatives. By CHARLES CREIGHTON, M. D. London, 1886.

This book is a remarkable illustration of interpreting the physiological by the psychological, rather than the reverse, as is more often done, and seems to have been suggested by Hering's lecture on "Memory as a Function of Organized Matter," and by Hartmann's "Unconscious." Consciousness on the one hand and generation on the other represent the extremes of explicit and of implicit memory. Generation is potential, consciousness actual, memory. Every lapse from or retreat behind consciousness represents the tendency to involution toward the above acme of implicitness. Repairs and growth, especially of new tissue after traumatism, are a reminiscence of embryonic activity. The memory of development is concentrated in the ovaries, and ovarian tumors are fantastic and perverted productions. Reproduction is the deepest rooted memory. All diseases, in fact all reminiscences, perverted or not, is of earlier states or experiences of the individual or ancestral organism. A neurotic person, *e. g.*, has a retentive memory. Alternatives are means of habit-breaking. Does not the instinctive doubt which arises as to the soundness of Dr. Creighton's method imply a deep-seated distrust in the normative nature of consciousness?

Remarkable Case of Sudden Loss of Memory. F. P. DAVIES, M. D. (England). *Am. Journal of Insanity*, April, 1887.

A young man of 22 was brought to an English asylum in July, 1886, who had apparently lost all memory of his own name, friends, or past life. He habitually wore a puzzled look, and spent much time in trying to recall his past life. After a few days he began to have "inspiration." The name of a person he knew came back or was "revealed" to him, and later another; but both these persons when written to denied all knowledge of the man described. He became depressed, and wrote intelligent letters indicating much mental culture, to others, describing himself, but compelled to subscribe himself as "Unknown." His photograph was taken and sent in vain. After about four months it was half believed that he was malingering, and he was put into an unpleasant ward and told he should not leave it till he had ended his game and told his name and address. The next day these came back to him and he wrote letters to his friends and was taken away. His memory now returned rather rapidly. The author was convinced that the loss of memory was genuine, and that it came on during two days of helpless